

PILOT'S REPORT OF MARINE SAFETY OCCURRENCE

The purpose of this Washington State Board of Pilotage Commissioners form is to provide a method by which pilots can relate their experiences and/or observations so that maritime safety issues are recognized and addressed. This form is for reporting near-miss occurrences in which a pilot successfully takes action of a non-routine nature to avoid a collision with another ship, structure, or aid to navigation, or grounding of the vessel, or damage to the environment. This form is also for reporting out-of-the-ordinary occurrences or concerns for navigational safety that you encounter or observe during the course of piloting a vessel.

If this is a near-miss occurrence in which you were involved, you are required by law to complete this form and send it to the Pilotage Commission.

DATE OF OCCURRENCE: _____	TIME OF OCCURRENCE (LOCAL): _____
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DESCRIBE OWN OR FIRST VESSEL (VESSEL #1)	Name: _____	Registry: _____
<input type="checkbox"/> Dry Cargo <input type="checkbox"/> Container <input type="checkbox"/> Pleasure Craft-Power/Sail <input type="checkbox"/> Passenger/Ferry	<input type="checkbox"/> Tanker <input type="checkbox"/> Bulker <input type="checkbox"/> Public <input type="checkbox"/> Tug with/without Tow	<input type="checkbox"/> Fishing <input type="checkbox"/> Other: _____
Color: _____	Approx. Size: _____	Length: _____
Description: _____		

DESCRIBE OTHER VESSEL (VESSEL #2)	Name: _____	Registry: _____
<input type="checkbox"/> Dry Cargo <input type="checkbox"/> Container <input type="checkbox"/> Pleasure Craft-Power/Sail <input type="checkbox"/> Passenger/Ferry	<input type="checkbox"/> Tanker <input type="checkbox"/> Bulker <input type="checkbox"/> Public <input type="checkbox"/> Tug with/without Tow	<input type="checkbox"/> Fishing <input type="checkbox"/> Other: _____
Color: _____	Approx. Size: _____	Length: _____
Description: _____		

ENVIRONMENTAL CONDITIONS			
<u>Wind</u> Speed: _____ Direction: _____ Sea State: _____	<u>Tidal Current</u> Speed: _____ Direction: _____	<u>Light Condition</u> <input type="checkbox"/> Morning Twilight <input type="checkbox"/> Day <input type="checkbox"/> Evening Twilight <input type="checkbox"/> Night	<u>Visibility</u> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Distance: _____ miles <u>Weather</u> <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> Other: _____

NAVIGATION INFORMATION (VESSEL #1)	Inside TSS Lanes: <input type="checkbox"/> Yes <input type="checkbox"/> No	Course: _____
<input type="checkbox"/> Moored <input type="checkbox"/> Anchored	<input type="checkbox"/> Making Way <input type="checkbox"/> Drifting	Speed: _____
Vessel #1 Position: _____		Vessel #2/Hazard Position: _____

TYPE OF OCCURRENCE			
<i>Check those that most apply. If more than one please explain in your narrative on back.</i>			
<input type="checkbox"/> Close Aboard Primarily associated with: <input type="checkbox"/> Rules of the Road <input type="checkbox"/> Rule 10: Situation: <input type="radio"/> Crossing <input type="radio"/> TSS Observance <input type="radio"/> Head-on <input type="radio"/> VTS Participation <input type="radio"/> Overtaking <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Restricted Visibility <input type="checkbox"/> Other: _____ <input type="checkbox"/> Narrow Channel _____ <input type="checkbox"/> Traffic Density _____	<input type="checkbox"/> Shallow Water Primarily associated with: <input type="checkbox"/> Avoidance Maneuver <input type="checkbox"/> Unanticipated Wind/Current Effects <input type="checkbox"/> Navigation Problem: <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> Near Allision Primarily associated with: <input type="checkbox"/> Avoidance Maneuver <input type="checkbox"/> Unanticipated Wind/Current Effects <input type="checkbox"/> Navigation Problem: <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> Docking Difficulty Primarily associated with: <input type="checkbox"/> Tug Use Difficulty <input type="checkbox"/> Unanticipated Wind/Current Effects <input type="checkbox"/> Order Execution <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Berthing Conditions <input type="checkbox"/> Other: _____ _____ _____

Information relating to near miss occurrences that is provided by a pilot on this form shall not be used for imposing any sanctions or penalties.

Name (please print): _____ Phone: () _____

Address: _____

Completion of this Form does not replace or relieve the individual of any other reporting requirements under federal, state, or local law.

NARRATIVE DESCRIPTION OF OCCURRENCE

Please describe the occurrence, including the **chain of events** leading to the occurrence and **human performance considerations**, and suggest items that you think could prevent recurrence of a similar situation. Fill out additional pages and include diagrams, if appropriate.

NARRATIVE TOPICS TO CONSIDER

How the Problem Arose	How the Problem Discovered	Contributing Factors	Corrective Actions	Perceptions
Judgments	Decisions	Procedures	Communications	Ship Design
Actions or Inactions	Experience	Language Difficulty	Personal Alertness	

Did you notify the vessel master of your intent to file this report? ☐ Yes ☐ No

This form should be submitted as soon as possible, but no more than 10 days after the occurrence. Please submit the completed form to:

Washington State Board of Pilotage Commissioners
2901 Third Avenue
Seattle, WA 98121